

NEW JERSEY STATE DEPARTMENT OF EDUCATION
COMPREHENSIVE EQUITY PLAN FY 2004-2007
COUNTY OFFICE OF EDUCATION CEP REVIEW AND APPROVAL CHECKLIST

DISTRICT/CHARTER: _____ COUNTY: _____

CONTACT PERSON: _____ PHONE: _____

Please Check
Yes No

I. GENERAL DOCUMENTS SUBMITTED

1. District/Charter School information, including name, address, telephone numbers, and AAO email address _____
2. Statement of Assurances signed by CSA _____
3. Board of Ed resolution appointing the AAO _____
4. Board of Ed resolution authorizing the AAT to conduct a needs assessment/develop the CEP _____
5. Board of Ed resolution authorizing the submission of the proposed CEP _____
6. Affirmative Action Team Membership Form which includes a list of the AAT members _____
7. District/charter school needs assessment checklist _____
8. Comprehensive equity plan forms _____

II. NEEDS ASSESSMENT CHECKLIST

A. Board Responsibility

1. Documentation stated by district/charter school is consistent with compliant area(s) _____
2. Non-compliant area(s) identified _____
3. Areas identified as N/A appropriately coded _____

B. School and Classroom Practices

1. Documentation stated by district/charter school is consistent with compliant area(s) _____
2. Non-compliant area(s) in the following sections identified:
 - i Equality and Equity in Curriculum _____
 - ii Equality and Equity in Student Access _____
 - iii Equality and Equity in Guidance Program Services _____
 - iv Equality and Equity in Physical Education & Athletics Programs _____
3. Areas identified as N/A appropriately coded _____

C. Employment and Contract Practices

1. Documentation stated by district/charter school is consistent with compliant area(s) _____
2. Non-compliant area(s) identified _____
3. Areas identified as N/A appropriately coded _____

III. CEP PLAN COMPONENTS ("No" items should be explained on district revision form)

A. Board Responsibility

1. Documentation stated by district/charter school is consistent with compliant area(s) _____
2. Non-compliant area(s) identified _____
3. Areas identified as N/A appropriately coded _____

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B. Staff Development Yes No

- | | | |
|--|-------|-------|
| 1. Implementation Strategies address equality and equity issues | _____ | _____ |
| 2. Implementation Strategies are consistent with objective | _____ | _____ |
| 3. Timelines are fully shaded | _____ | _____ |
| 4. Indicator of Accomplishment consistent with Implementation Strategies | _____ | _____ |

C. School and Classroom Practices Yes No N/A

- | | | | |
|---|-------|-------|-------|
| 1. Non-compliant areas included in the Checklist are addressed in the following sections: | _____ | _____ | _____ |
| i Equality and Equity in Curriculum | _____ | _____ | _____ |
| ii Equality and Equity in Student Access | _____ | _____ | _____ |
| iii Equality and Equity in Guidance Program Services | _____ | _____ | _____ |
| iv Equality and Equity in Physical Education & Athletics Programs | _____ | _____ | _____ |
| 2. Activities are consistent with CEP objective | _____ | _____ | _____ |
| 3. Activities are consistent with Needs Assessment | _____ | _____ | _____ |
| 4. Implementation Strategies are consistent with objective | _____ | _____ | _____ |
| 5. Timelines are fully shaded | _____ | _____ | _____ |
| 6. Indicator of Accomplishment consistent with Implementation Strategies | _____ | _____ | _____ |

D. Employment and Contract Practices Yes No N/A

- | | | | |
|--|-------|-------|-------|
| 1. Non-compliant areas are identified | _____ | _____ | _____ |
| 2. Activities are consistent with objective | _____ | _____ | _____ |
| 3. Activities are consistent with Needs Assessment | _____ | _____ | _____ |
| 4. Implementation Strategies are consistent with objective | _____ | _____ | _____ |
| 5. Timelines are fully shaded | _____ | _____ | _____ |
| 6. Indicator of Accomplishment consistent with Implementation Strategies | _____ | _____ | _____ |

Reviewer's Name(s): (print) _____

Reviewer's Signature(s) _____

_____ Recommended for Approval

_____ Not Recommended for Approval

(Items missing, forms not completed, strategies/indicators not feasible, documentation unclear, incomplete and/or revisions needed; see next page)

Date of Initial Review: _____

Date of Final Review and Approval: _____